PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 23 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lob	byist(s) Christopher Hodgdo	>	DEPARTMENT OF STATE
II. Name of lob	byist's partnership, firm or corporation, if an	y:	
Com	(Name of partnership, firm or corporation)		
Business Address:	(Street) Concord (Town/City)	(State)	(Zip Code)
(603 <u>628</u> -	-3380 (Fax)	e-mail Chris_	todgdor & comeast, com
	nent covers: (Choose one – file separate report ense transactions which are not attributable to		file a separate report for
All reportable	le transactions occurring in the months prior to the	ne reporting date relative to the f	ollowing client:
·	(Full Name of Client as it appears on the Lob	byist Registration Form)	
<u>OR</u>			
	e transactions by the lobbyist (including the lobb particular client.	yist's family), or the lobbying fi	rm listed below which are
IV. Date of Rep	oort April 25, 2018 🗆	July 25, 2018	
Reports cover:	activity from date of registration to 3/31/18	activity from 4/1/18 to 6/30/18	
	October 31, 2018 activity from 7/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/31/18	
	e been no fees received and no reportable to cked, complete just this form and submit it to the 1301.		
VI. Check if ad	ditional reports are attached:		
	received fees or made expenditures, you must fil	e Addendum A- Fees and Expe	enses
☐ If you have Expense Reimbu	paid an honorarium or reimbursed expenses, you ursement	must file Addendum B- Repor	t of Honorariums or
If you, your	firm, or your family has made political contribut	tions, you must file Addendum	C-Political Contributions
I have read RSA	nt/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA 664 and her the best of my knowledge and belief.	reby swear or affirm that the fore	egoing information is true
rath	_	10-19-2018	
(Signature of lo	bbyist)	(Date)	
(Print Name of	lobbyist)		

P L E A S E P R I N T

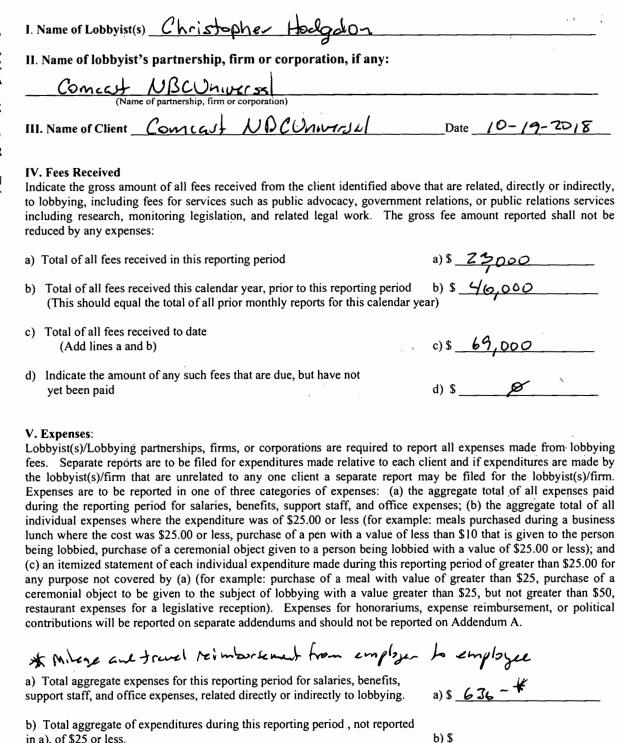
in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



d) Total expenses for this reporting po (Add lines a, b and c)	eriod	d) \$
e) Total of expenses paid this calenda (This should be the amount on line f	of addendum A for last month's report)	e) \$
f) Total of all expenses year to date		ns 1150
VI. Other Expenses: Provide the following detail for all experiod, including by whom paid or to	penditures of more than \$25 made from lowhom charged.	obbying fees during this reporting
Paid to:		Amount:
		\$
		\$
,		s
		\$
· · · · · · · · · · · · · · · · · · ·	· · ·	\$
		\$
· · · · · · · · · · · · · · · · · · ·		
Sworn Statement/Affirmation by	/ Lobbyist	e de la companya de l
·	d RSA 664 and hereby swear or affire	n that the foregoing information
(Signature of Jobbyist)		(Date)
(Print Name of loobyist)	· · · · · · · · · · · · · · · · · · ·	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	mistopher H	odsolon	
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
Comcast UB	ership, firm or corporation)		·
III. Name of Client <u>Con</u>	nest NBCV	niversal	Date /0/19/2018
Political Contributions ,	on that is reportable	pursuant to RSA Chap illowing:	ter 664 paid on behalf of the
			•
Full name of candidate:	Egan (Last Name)	Timoth (First Name)	(Middle Name/Initial)
			s Seeking State Represato
		· · · · · · · · · · · · · · · · · · ·	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$			
		Office Candidate is	Seeking
	ibution on the line abo	a description of the good	ls or services provided, and enter the actual cost is not known,
	ibution on the line abo	a description of the good	ls or services provided, and enter the
	ibution on the line abo	a description of the good	ls or services provided, and enter the
actual cost of the in-kind contrenter an estimated value and the	ibution on the line about the word "estimate."	a description of the good ve for amount of contribu	ls or services provided, and enter the actual cost is not known,
enter an estimated value and the	ibution on the line abo	a description of the good	ls or services provided, and enter the

		,	<u> </u>	
(If more than three contribution	ns were made, report addi	tional contributions on s	èparate addendum C	forms.)
Sworn Statement/Affirm	nation by Lobbyist			
I have read RSA 15, RSA			r affirm that the	foregoing info
is true and complete to th	e best of my knowled	•	:	
is true and complete to th	e best of my knowled	dge and belief.	:	ial 2018
(Signature of lobbyist)	e best of my knowled	•		19/20/8 Date)
10th	e best of my knowled	•		19/20/8 Date)